



MISSOURI DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SERVICES

## SPEC-A FORM

(APPLICANT WITH LIMB  
IMPAIRMENT OR AMPUTATION)

### MEDICAL EVALUATION SUMMARY TO BE COMPLETED BY A BOARD- CERTIFIED PHYSIATRIST OR ORTHOPEDIC SURGEON FOR APPLICANTS WITH LIMB IMPAIRMENT OR AMPUTATION

**MAIL COMPLETED FORM TO:**

ATTN: MEDICAL EXEMPTION PROGRAM  
MOTOR CARRIER SERVICES  
P.O. BOX 893  
JEFFERSON CITY, MO 65105-0893

IF ASSISTANCE NEEDED, CALL:  
573-522-9001 OR Toll Free at 1-866-831-6277  
FAX 573-751-4354

**PLEASE CAREFULLY READ THE  
FOLLOWING INSTRUCTION BEFORE CONTINUING**

The attached MEDICAL EVALUATION SUMMARY must be completed for every skill performance evaluation (SPE) certificate applicant with limb impairments or amputation.

There are several important points about this Summary that you **must adhere to**:

1. Only a board qualified or board certified physiatrist (physician who specializes in physical medicine) OR orthopedic surgeon (specialist in afflictions of the skeletal system) can complete and sign the Summary. The signature of a general practitioner alone is not sufficient.
2. As the applicant, you must review and consider every block in Part II and check every box that applies to the type of duties of the environment you will be driving/working.

If you have any questions, please contact Motor Carrier Specialist, Kathy J. Hatfield at 573-526-9926 or 866-831-6277 #2.

## MEDICAL EVALUATION SUMMARY

Date \_\_\_\_\_

FROM: \_\_\_\_\_  
(Motor Carrier's Name or Waiver Applicant's Name)

TO: \_\_\_\_\_  
(Doctor's Name) **Must be Board Qualified or Board Certified Psychiatrist or Orthopedic Surgeon**

Waiver Applicant Name: \_\_\_\_\_

### PART I

The above driver is being referred to you for a medical evaluation summary as required by Section 391.49 of the Federal Motor Carrier Safety Regulations (FMCSR). The FMCSR states that the motor carrier shall furnish the examining psychiatrist or orthopedic surgeon with a description of the job tasks, which are contained herein. The FMCSR further states that the medical evaluation summary shall be completed, dependent upon the driver's physical disability in accordance with the following objectives:

1. IN CASES INVOLVING AMPUTATION - The summary shall include an assessment of the driver's physical capabilities as they relate to the driver's ability to perform the tasks as specified in the accompanying job task description.
2. IN CASES INVOLVING LIMB IMPAIRMENT - The summary shall include an explanation as to how and why the impaired area interferes with the driver's ability to perform the tasks as specified in the accompanying job task description. The summary shall also contain an assessment of whether the condition will likely remain medically stable over the driver applicant's lifetime.
3. IN CASES INVOLVING EITHER AN UPPER LIMB AMPUTATION OR UPPER LIMB IMPAIRMENT - The summary shall include a statement by the examiner that the applicant is capable of demonstrating precision prehension (manipulating knobs and switches) and power grasp prehension (holding and maneuvering the steering wheel) with each upper limb separately.

Few people outside of the motor carrier industry fully appreciate the mental and physical demands placed on commercial drivers. Medical examiners should not apply automobile driving experience to evaluate fitness of commercial driver applicants.

The physical demands of commercial driving and related tasks vary considerably with type of vehicles and duties involved. To effectively match job demands with an applicant's abilities to meet these demands, the psychiatrist or orthopedic surgeon must know the type of vehicle to be driven, the job demands, and environment involved. For their own, as well as the safety of others, drivers minimally must have adequate:

- A. Strength - of the skeletal muscles to turn large diameter steering wheels (20-24 inches) rapidly and maintain a grip on them when confronted with tire failures and/or striking potholes or obstructions on the roadway.
- B. Mobility - of the joints to reach various controls that must be pushed, pulled, or twisted; and to climb, bend, crawl, lift, twist, and turn to position for visual inspection; and to perform various related other associated tasks such as coupling and uncoupling trailers and vehicle inspections.
- C. Stability - of joints and of the torso to maintain alert driving postures to smoothly modulate foot and hand controls, to climb into and out of the vehicle cab and cargo compartments.
- D. Power Grasp and Prehension - of hands and fingers to control the steering wheel, operate the transmission (gear shift lever), air brake controls, and various other tasks such as operating light switches, directional signals, and horns.

## PART II

**THIS PART TO BE COMPLETED BY MOTOR CARRIER AND/OR DRIVER** Modification to the task statements may be made if necessary.

The following is a universal job task description, **your attention is directed to those boxes that have been checked as pertinent to this particular driver.**

### VEHICLE TYPE

<input type="checkbox"/> <b>Straight Truck</b>	<input type="checkbox"/> <b>Motor Home</b>	<input type="checkbox"/> <b>Tractor-Trailer</b>	<input type="checkbox"/> <b>Passenger Vehicle</b>
May have up to 5 axles, utilizing van, flatbed, tank or dump bodies. <input type="checkbox"/> A. Over 10,001 Lbs. <input type="checkbox"/> B. Combination Straight Truck with Trailer over 10,001 Lbs. <input type="checkbox"/> C. Less than 10,001 Lbs. & Placarded Hazardous Materials	Gross Vehicle Weight Rating (GVWR) of 10,001 Lbs. or more	Comprised of a power unit (tractor) and one or more trailers.	List the Seating Capacity  <u>Type:</u> <input type="checkbox"/> Motor Coach <input type="checkbox"/> Bus <input type="checkbox"/> Van

- ☐ i. Short-relay drives 4-5 hours to a turnaround point, exchanges trucks and drives back to starting point.
- ☐ ii. Long-relay drives 8-10 hours, sleeps for 8 hours and returns to starting point.
- ☐ iii. Straight-through to destination, including coast to coast operations, and typically is away from home for nights at a time.
- ☐ iv. Sleeper-team drives constantly for 4 hours followed by 4 hours in the bunk while co-driver drives and typically is away from home nights at a time.
- ☐ v. Local deliveries, often with frequent stops.
- ☐ vi. Driver may spend hours climbing in and out of truck to load and unload cargo.

### ENVIRONMENTAL FACTORS

Drivers may be subject to:

- ☐ a. Abrupt duty hour changes,
- ☐ b. Sleep deprivation,
- ☐ c. Unbalanced work/rest cycles,
- ☐ d. Temperature and weather extremes,
- ☐ e. Long trips without regular meals,
- ☐ f. Short notice to assignment of run,
- ☐ g. Tight delivery schedule,
- ☐ h. Delay en route,
- ☐ i. Others \_\_\_\_\_

## **PHYSICAL DEMAND**

Moderate physical activity levels are associated with commercial vehicle driving. Perceptual skills are needed to monitor the driving situation for relevant information. Manipulation skills are needed to turn the steering wheel, applying brakes, shift the gears, etc. The demands imposed on a commercial driver's sensory organs and musculoskeletal systems are briefly discussed below.

- ☐ Gear Shifting: The movement of the gear shift lever(s) requires moderate strength, timely coordination, and complex manipulation skills of right upper and left lower extremity. This individual's vehicle will have a speed manual transmission.
  - ☐ Vehicle equipped with semi-automatic transmission (manual shifting but no clutch).
  - ☐ Vehicle equipped with a fully automatic transmission.
  - ☐ Control of steering wheel requires strength, mobility, and power grip of upper extremities while maintaining stability of trunk.
  - ☐ Operation of brake and accelerator pedal requires moderate strength, mobility, and coordinated movement in lower extremities.
  - ☐ Various tasks during driving, such as: operating light switches, windshield wipers, directional signals, emergency lights, horn, etc.; requiring moderate strength, mobility, and manipulative skills of upper extremities.
  - ☐ Backing and parking: requires good depth perception, strength, and coordinated manipulative skills.
  - ☐ Vehicle inspection: driver must evaluate the mechanical condition of the various vehicular systems such as: tires, brakes, suspensions, engines, and cargo. Climbing, bending, kneeling, crawling, reaching, stretching, turning, twisting, are essential for proper vehicle inspection.
  - ☐ Cargo handling and inspection: drivers may be required to handle cargo, climb up and down perpendicular ladders, and enter/exit the cab or cargo body many times a day.
  - ☐ Coupling and uncoupling: tractor-trailer drivers may hook up one or more trailers, this requires strength and full range of motion to climb, balance turn, grip, and pull.
  - ☐ Mounting snow chains on tires requires pulling/lifting motions in the range of 35-90 pounds.
  - ☐ Changing tires requires a combination of pulling, pushing, lifting, and motions in the range of 100 to 175 pounds.
  - ☐ Vehicle modification(s) made for this driver are: \_\_\_\_\_
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### Part III

#### **THIS PART TO BE COMPLETED BY ORTHOPEDIC SURGEON OR PHYSIATRIST**

Based upon this job task description (as indicated in Part II - A, B, and C) and your examination of this driver, please answer all questions below.

Our Motor Carrier Specialist will conduct skill performance evaluations in the intended vehicles to determine whether limb impaired or amputated drivers can demonstrate their ability to perform the necessary functions to operate a commercial motor vehicle safely. We are relying on your medical measurements and judgement for such information as asked below:

1. Please give a brief description of the applicant's medical condition for which a skill performance evaluation certificate is necessary.

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2. Does this driver have adequate MUSCLE STRENGTH to perform the tasks required?

☐ Yes

☐ No (If no, please indicate each impaired extremity).

Upper Extremity      ☐ Right      ☐ Left

Lower Extremity      ☐ Right      ☐ Left

3. Does this driver have adequate MOBILITY of the extremities and trunk to perform the tasks required?

☐ Yes

☐ No (If no, please indicate each impaired extremity and if applicable, trunk).

Upper Extremity      ☐ Right      ☐ Left

Lower Extremity      ☐ Right      ☐ Left

☐ Trunk

4. Does this driver have adequate JOINTS and TRUNK STABILITY to perform the tasks required?

☐ Yes

☐ No (If no, please indicate each impaired extremity and if applicable, trunk).

Upper Extremity      ☐ Right      ☐ Left

Lower Extremity      ☐ Right      ☐ Left

☐ Trunk

**MEDICAL EVALUATION SUMMARY - Part III**  
**(To be completed by Orthopedic Surgeon or Physiatrist) (Continued)**

5. If this driver has an impairment of the: ☐ hand or ☐ upper limb or had an amputation of the: ☐ hand (☐ partial or ☐ full) or ☐ upper limb:

Does he/she have POWER GRIP and PREHENSION FUNCTION of the hand and fingers?

[Power Grip and precision prehension further defined: the capability of holding, clutching, claspings, or seizing firmly the steering wheel and/or other vehicle equipment to effectively control the vehicle and perform normal and emergency vehicle operations [steering (potholes, tire failure (blowouts), etc.), operate gear shift levers, air brake controls, light switches, directional signals, horns].

Right ☐ Yes ☐ No

Left ☐ Yes ☐ No

If no, do you recommend a surgical reconstruction to produce power grip and/or prehension?

☐ Yes ☐ No

6. If this driver has an ☐ UPPER or ☐ LOWER LIMB IMPAIRMENT (☐ Right ☐ Left) or has an UPPER or LOWER LIMB AMPUTATION (☐ Right ☐ Left)

Does he/she have:

- a) The appropriate type of PROSTHESIS OR ORTHOTIC DEVICE?

☐ Yes ☐ No ☐ N/A

- b) The appropriate type of TERMINAL DEVICE?

☐ Yes ☐ No ☐ N/A

- c) If yes, does each prosthesis/orthotic fit satisfactorily?

☐ Yes ☐ No

- d) Is each prosthesis/orthotic in good operating condition?

☐ Yes ☐ No

- e) Is the applicant able to use each prosthetic/orthotic device proficiently?

☐ Yes ☐ No

- f) In case of a hand or upper limb amputation or impairment does the prosthetic/orthotic device aid the driver in the ability to demonstrate power grasp and precision prehension?

☐ Yes ☐ No

**If no to any of above, what is your recommendation?**

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**MEDICAL EVALUATION SUMMARY - Part III**  
**(To be completed by Orthopedic Surgeon or Physiatrist) (Continued)**

7. Please give a clinical description of the prosthetic or orthotic device, power source, etc.

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8. Does this driver have any other medical conditions, other than the physical disability indicated in Part III that will interfere with his/her ability to adequately perform the tasks required?

☐ No

☐ Yes - Explain: \_\_\_\_\_

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9. Is the physician familiar with the applicant's medical history:

a.) Through actual treatment?

☐ Yes - How long? \_\_\_\_\_

☐ No - Explain: \_\_\_\_\_

b.) Through consultation with a physician who has treated the applicant?

☐ Yes - Physician's Name, Address, Phone: \_\_\_\_\_

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☐ No - Explain: \_\_\_\_\_

10. Does the applicant have the ability and willingness to follow any course of treatment prescribed, including the ability to self-monitor or manage the medical condition?

☐ Yes

☐ No - Explain: \_\_\_\_\_

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11. In your professional opinion, will the applicant's condition adversely affect his/her ability to operate a commercial motor vehicle safely?

☐ Yes

☐ No - Explain: \_\_\_\_\_

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**MEDICAL EVALUATION SUMMARY - Part III**  
**(To be completed by Orthopedic Surgeon or Physiatrist) (Continued)**

12. In your professional opinion, will the applicant's condition likely remain stable over the lifetime of the driver-applicant?

☐ Yes

☐ No - Explain: \_\_\_\_\_

13. Please summarize your findings and evaluation of the applicant's physical condition.

Physiatrist's or Orthopedic Surgeon's

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print or Type)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Specialist Type: Physiatrist \_\_\_\_\_ Orthopedic Surgeon: \_\_\_\_\_

Other: \_\_\_\_\_

Board Certified ☐ Yes ☐ No Board Eligible ☐ Yes ☐ No

Name and Address of Certifying Organization: \_\_\_\_\_

\_\_\_\_\_  
Physiatrist's or Orthopedic Surgeon's Signature